

No 61
In 255 Market
Inaugural Essay
on

Drafted March 27th
1828

Phrenology of the Mind

For the Degree of Doctor of Medicine
in the

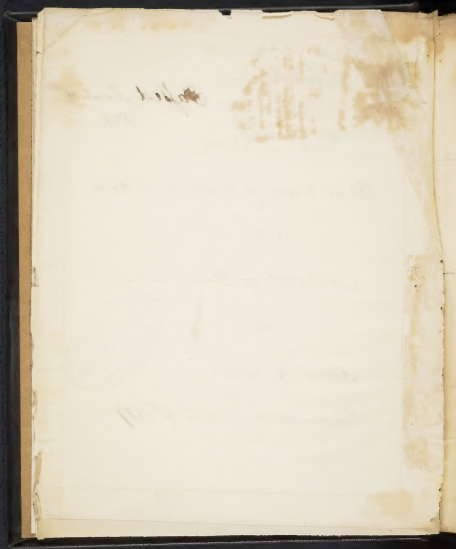
University of Pennsylvania

By

Adam R. Wronch

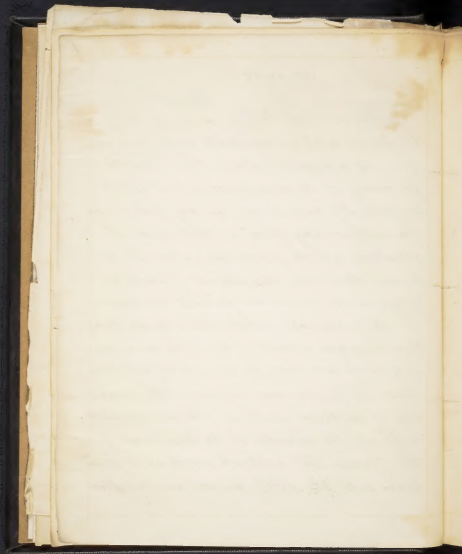
Philadelphia October 4th 1827





1
An Essay
on

Inflammation of the uterus is one of those diseases which is rendered important, more from its alarming nature, than from the frequency of its occurrence; yet it is not sufficiently rare to give us any just ground for withholding from it, that share of attention, which, from its nature it deserves. Some rare diseases are of such a nature as to require no prompt measures for their removal, while others, again, from their violence, admit of no delay, and are only to be overcome by immediate applications. A person may commence the practice of medicine without being acquainted with all the minutiae of the treatment of the former, but without such an acquaintance with the latter no one can practice



with credit to himself, or with safety to those
 confided to his care. Among the former
 diseases we may enumerate, stone in the blad-
 der, & the diseases of the eye requiring operative
 assistance, generally; and among the latter,
 hernia, & inversion of the uterus. the former
 always admitting of delay, without endan-
 gering the life of the patient; and permits
 us to seek the aid derived from consultation
 while success, in the treatment of the latter,
 mainly depends on immediate interference.
 These observations apply, particularly, to
 the practice of medicine in the country,
 where physicians reside at a considerable
 distance from each other, and, unfortunat-
 ly, not always qualified to give that kind
 of aid, which we might expect from
 their age and standing, as practitioners.

Inversion of the uterus may rather be

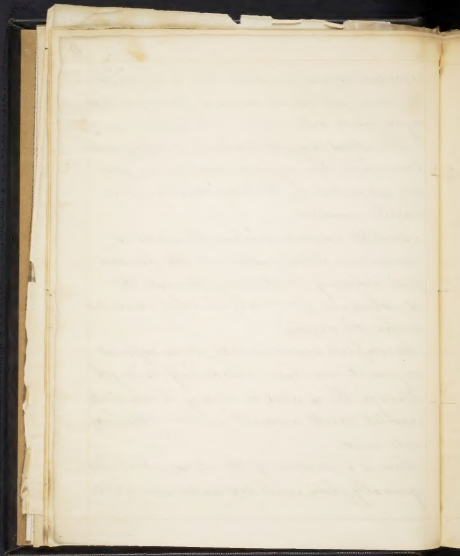
regarded as an accident, than a disease. As the term implies, it means a turning of that organ inside out.

The uterus may be partially, or wholly inverted; which two different conditions are generally designated by the terms complete and incomplete inversion.

Complete inversion is where the uterus is turned completely inside out; the fundus most commonly protruding through the os externum; yet it may be wholly concealed within the vagina.

Incomplete inversion may be in different degrees it may have passed half its length through the os uteri; or, it may be completely inverted except a small portion of the body and cervix.

There is a condition of the uterus, which has generally been included under incomplete

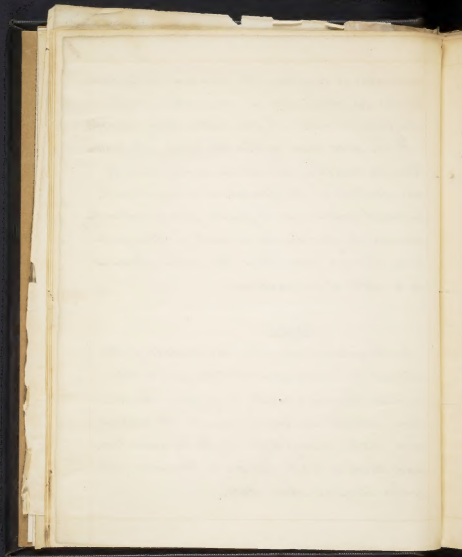


inversion: it is where the fundus falls down to the os uteri, but is prevented from passing through, by the latter being contracted.

It has also been called the dixing of the fundus. When the mouth of the uterus is occupied by, any portion of the fundus or body, it will, in most instances be found firmly contracting around it, producing a sort of strangulation; though sometimes the entire uterus is in a state of relaxation.

Causes

In the natural unimpregnated state of the uterus inversion cannot take place. The causes, therefore must be of two kinds—those which combine to render the uterus in a state susceptible of being inverted, and those which produce the inversion when it is in that state.



I have been thinking of you
 and of the many things
 which have happened since
 we were last together.
 I hope you are well and
 happy. I have been very
 busy lately, but I have
 managed to find some
 time to write to you.
 I have been thinking of
 you very much lately, and
 of the many things
 which have happened since
 we were last together.
 I hope you are well and
 happy. I have been very
 busy lately, but I have
 managed to find some
 time to write to you.

of the intestine from contraction of the
abdominal muscles. In straining itself,



[illegible]



the 1st of June 1861
I have the honor to acknowledge the receipt
of your letter of the 28th inst. in relation to
the same. I am sorry to hear that you
have any trouble with your health, but
I trust it will be soon corrected by the
proper treatment. I am, Sir, very
truly yours,
J. M. Smith

My Dear Sir

I have the honor to acknowledge the receipt
of your letter of the 28th inst. in relation to
the same. I am sorry to hear that you
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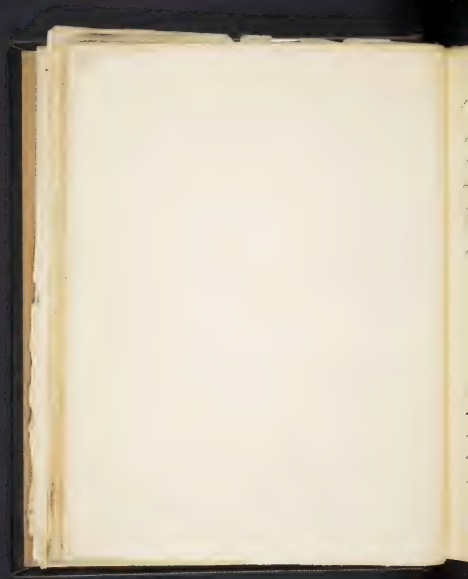
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It is not, perhaps, that we have seen
 our way to a certain end, but that
 we have seen the way to a certain end.
 We need not, it is true, be so
 well acquainted with the way as to
 answer for it, but it is not
 the end which is a question of
 us. The end is, "the possibility
 of a living, and a living, and a living."
 The end is not, it is true, a
 great end, but it is a great end.
 It is not, it is true, a great end,
 but it is a great end, and the difficulty
 will be increased at
 the expiration of a long time.
 It is not, it is true, a great end,
 but it is a great end, and the difficulty
 will be increased at
 the expiration of a long time.
 It is not, it is true, a great end,
 but it is a great end, and the difficulty
 will be increased at
 the expiration of a long time.





"The first thing I saw when I stepped out
 of the car was a vast, open landscape. The
 hills were rolling and green, with a few
 small villages scattered here and there. The
 air was fresh and clean, a stark contrast
 to the smog of the city. I felt a sense of
 freedom and peace that I had never
 experienced before. The people were
 friendly and welcoming, and the food was
 delicious. I was in luck, for I had
 found a small, quiet town where I could
 settle down and start a new life. The
 people here were simple and honest, and
 they welcomed me with open arms. I
 felt like I had found a second home.
 The landscape was beautiful, with rolling
 hills and a clear blue sky. The air was
 fresh and clean, a stark contrast to the
 smog of the city. I felt a sense of
 freedom and peace that I had never
 experienced before. The people were
 friendly and welcoming, and the food was
 delicious. I was in luck, for I had
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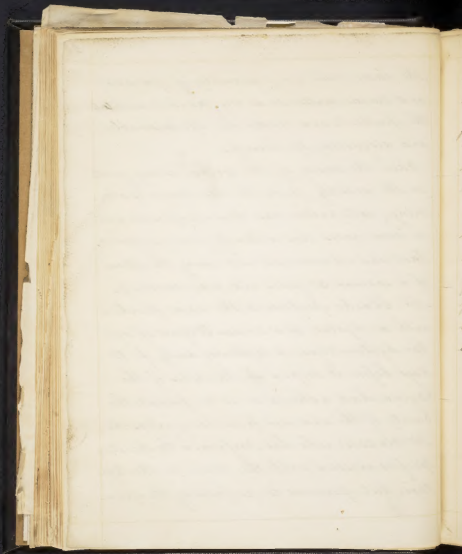


the same time large quantities of purulent and mucous matter so as very much to debilitate the patient, and render her life miserable and disgusting to herself.

When the misery of the woman is very great, or the debility from the discharge is alarming, excision has been proposed, and in some cases has actually been performed. Pare and Mastrucchi cut away the uterus of a woman 80 years old, who survived.

Mr. Clarke performed the same operation with a ligature on a woman 60 years of age. The ligature required tightening daily, for 12 days before it dropped off. The sides of the vagina had adhered so as to prevent the cavity of the abdomen from being exposed.

Mr. Windsor, who has performed the operation, prefers excision with the knife, to the ligature, but, previous to performing the opera-



tion, recommends the application of a ligature, to secure the adhesion of the sides of the vagina. This operation should never be performed, except in those cases, where death inevitably would soon be the consequence of the increasing debility of the patient.—

In the preceding pages I have endeavoured to give a correct account of one of the most terrible accidents encountered in the practice of Midwifery; how far I have succeeded is for abler judges to determine. For the manner in which it is done, I, at least, claim the indulgence due to one unaccustomed to writing.

Adam R. French

[Signature]

